### EXAMPLE OF FORMAT FOR QUALITY ASSURANCE PROJECT PLAN

# (Must Be Completed For All Field Operations)

Project Name: SEATTLE IRON & N	AETALS.
Project Manager: MICHAEL E MATTA	
Field Operations: MICHAEL F. MATTA	
QA Office Concurrence:	Date:
ESD Peer Review:	Date:
Project No.:	Account No.:
Laboratory Designated: EPA	CLPPrivate
Sample Numbers assigned: from	to
Sample Schedule and Milestones:	
SAMPLÉS TO LAB. / 7-17.  ANALYSIS / 8-17.	9.
BEEN USED FOR COPPER WIRE RECLAMATION, LEA STORAGE. INCINERATION ASA AND SEDIMENT TOXICITYON DEC 10,1985 AND DIOXINS AND EBILLION RANGE  Project Measurement Objectives (Intended use THE DATA WILL BE USED TO DETERMINE	RUNDER WATER AND OTHER MATERIALS

#### Sample rationale and network derivation:

SAMPLES OF SOIL WILL BE COLLECTED FROM STAINED AREAS OF OTHER-WISE SUSPECTED CONTAMINATION. WIPE SAMPLES WILL BE COLLECTED FROM ITEMS OR EQUIPMENT SUSPECTED TO CONTAIN OR RE CONTAMINATED WITH PCB. WATER OR BEDIMENT SAMPLES WILL BE COLLECTED FROM ANY STORM DRAINS, CATCH BASINS, SUMPS OR IMPOUNDMENTS ON SITE, AS APPROPRIATE,

## Analyses Rationale:

# of Samples	Parameter	QA Samples	Matrix	Contain	er Holding <u>Time</u>	
9	PCB		SOULSEDIME	MT 250 ml.		ICÉ.
-5	PLB	1	WATER.	1/261PL		ICÉ
3	PLB	, ,	WIPE.	GLASS		ICE
3	PCB.		BOIL.	GLASS :		ICE.
	767			9.002	2016	Hatel
Oata Qualit	y Objectives:					
Paramete	er Method #	Detect <u>Limit</u>		ecision	Accuracy	Completeness
Sample proc	edures to be	used:				
Sample Cus	tody and Docu	imentation:				
Calibration	Procedures a	nd Frequenc	y:			
Preventativ	e Maintenanc	e:				

If, for any reason, the schedules or procedures above cannot be followed, the appropriate person <u>must</u> complete a "Sample Alteration Checklist" for each element changed and have it (them) verified and reviewed by the Project Manager and the QA Officer/Peer Review. (See page 5)

Laboratory Data Reduction / QA Review:
Nall Data Dalastica (OA Dariana
'ield Data Reduction/QA Review:
Reports (as deliverable or required):
ystem and Performance Audits:
cheduled: Conducted:
Conducted.
Corrective Action: (IF YES, COMPLETE CORRECTIVE ACTION CHECKLIST AND/OR AMPLE ALTERATION FORMS, Appendix B.)
QA Report to Management:

Safety:			

# SAMPLE ALTERATION CHECKLIST

Project Name and Number:				
Material to be sampled:				
Measurement Parameter:				
Standard Procedure for Field collection a	& Laboratory Analysis (cite references):			
Reason for change in Field Procedure or	Analytical Variation:			
Variation from Field or Analytical Proce	dure:			
Special Equipment, Materials, or Personn	nel Required:			
Initiators Name:	Date:			
Project Approval:				
Laboratory Approval:				
QA Officer/Reviewer:				
Sample Control Center:				

# CORRECTIVE ACTION CHECKLIST

Project Name and Number:		
Sample Dates Involved:		
Measurement Parameter(s):		/
Acceptable Data Range:		
Problem Areas Requiring Corrective	Action:	
Measures Required to Correct Problem	ms:	
Means of Detecting Problems and Ver	ifying Correction:	
Initiators Name:	Date:	
Project Approval:		
Laboratory Approval:		
QA Officer/Reviewer:		
Sample Control Center:	Date:	